

L12000156208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

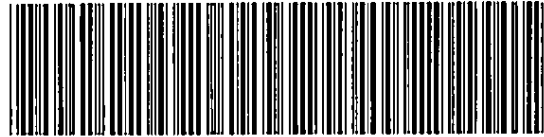
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900313497819

05/21/18--01003--011 \*\*75.00

18 MAY 21 PM 12:26

CLERK OF STATE  
TREASURER  
COMMISSIONER  
ATTORNEY GENERAL  
SOLICITOR GENERAL  
JUDGE

18 MAY 21 PM 12:43

FILED

J. HARRIS  
MAY 21 2018

May 21, 2018

**VIA HAND DELIVERY**

To: New Filing Section  
Division of Corporations

Subject: FairWarning Services, LLC Articles of Amendment  
FairWarning Cloud Security, LLC Articles of Amendment  
FairWarning IP, LLC Articles of Amendment

Dear Ladies and Gentlemen:

Enclosed for filing are the following along with copies of each to obtain a "Filed" stamped copy:

1. FairWarning Services, LLC Articles of Amendment
2. FairWarning Cloud Security, LLC Articles of Amendment
3. FairWarning IP, LLC Articles of Amendment

We have also enclosed our firm's check for \$75.00 for the filing fee.

My direct line is (404) 248-0835.

Sincerely,

Taylor Moser

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FAIRWARNING IP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 13, 2012 and assigned  
Florida document number CI2006156208.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Kurt J. Long	13535 Feather Sound Drive, #600	<input type="checkbox"/> Add
		Clearwater, FL 33762	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
MAY 1 12:43  
ST. JOHNS  
COUNTY  
CLERK  
OFFICE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Paragraph 6, titled "Management of the Company", is hereby deleted in its entirety and shall be an omitted

paragraph, with no re-numbering of the other paragraphs.

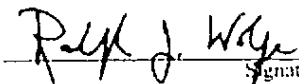
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 21 , 2018



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Randolph J. Wolfe, Authorized Representative of Member

\_\_\_\_\_  
Typed or printed name of signee

FILED  
2018 MAY 21 PM 12:49  
CLERK OF STATE  
FLORIDA